

ADULT

BASIC LIFE SUPPORT GUIDELINE

OXYGEN ADMINISTRATION

If the patient is not breathing adequately, the treatment of choice is assisted ventilations, not just oxygen. A nasal cannula or non-rebreather without a breath is a waste of oxygen (and patients!)

INDICATIONS:

- Patients in respiratory distress from any cause, medical or trauma, (restlessness may be a sign of hypoxia)
- OR**
- Chest pain
- OR**
- Shock
- OR**
- Major Trauma
- OR**
- Carbon Monoxide Poisoning

POTENTIAL ADVERSE EFFECTS

- Non-humidified oxygen is drying and irritating to mucous membranes

CONTRAINDICATIONS:

- Paraquat poisoning

PRECAUTIONS

- Oxygen is flammable, no smoking or open flames
- Oxygen bottles are under pressure, avoid impact to regulator, keep bottle secure and on its side to prevent explosion
- For patients with chronic lung disease currently on oxygen, administration of high flow oxygen may shut off their respiratory drive. Begin initial oxygen flow 2 liters above current dose, increase slowly, as needed. **DO NOT WITHHOLD OXYGEN BECAUSE OF THIS. BE PREPARED TO ASSIST VENTILATIONS IF NEEDED.**
- Do not use electrical equipment near an oxygen administration area.
- Oxygen toxicity (overdose) is not a hazard from short-term administration.

1. Assess the patient, treat ABC problems, obtain baseline vitals and consider transport plan based on general impression.

2. For oxygen administration:

DOSAGE:

Low Flow	(1-3 L/min) cannula
Moderate Flow	(4-6 L/min) cannula
High Flow	(10-15 L/min) nonrebreather

INDICATION:

Stable injured or ill patients.
Precautionary use for trauma, medical, chest pain
Respiratory distress

3. For Assisted Ventilations use a BVM with oxygen supply attached and set at 15 L/min.

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.